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PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
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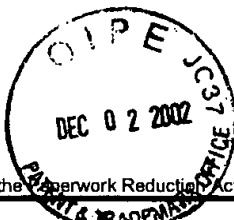
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<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 5px 0;">(to be used for all correspondence after initial filing)</p>		Application Number	09/863,215	
		Filing Date	May 22, 2001	
		First Named Inventor	BESTE, RUSSELL D.	
		Group Art Unit	1772	
		Examiner Name	NORDMEYER, PATRICIA L.	
Total Number of Pages in This Submission		7	Attorney Docket Number	AERX-070DIV
<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Postcard</b>		
		Remarks <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>				
Firm or Individual Name	Susan Tall, Reg. No. 52,272			
Signature				
Date	November 22, 2002			

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CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: November 22, 2002.			
Typed or printed name	Martha Cisneros		
Signature			Date November 22, 2002

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PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	09/863,215
Filing Date	May 22, 2001
First Named Inventor	BESTE, RUSSELL D.
Examiner Name	NORDMEYER, PATRICIA L.
Group Art Unit	1772
Attorney Docket No.	AERX-070DIV

TOTAL AMOUNT OF PAYMENT (\$)**110.00****METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:  
Deposit Account Number **50-0815**  
Deposit Account Name **Bozicevic, Field & Francis LLP**  
☒ Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17  
☐ Applicant Claims small entity status.  
See 37 CFR 1.27

2. ☐ Payment Enclosed:☐ Check ☐ Credit Card ☐ Money Order ☐ Other**FEE CALCULATION****2. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

**SUBTOTAL (1)****1. EXTRA CLAIM FEES**

	Extra Claims	Fee from below	Fee Paid
Total Claims 5-20**	=	x	=
Indep. Claims 3-3**	=	x	=
Multiple Dependent	=	=	=

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) \$**

\*\*or number previously paid, if greater; For Reissues, see above.

**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examination action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1,440	218	720	Extension for reply within fourth month
128	1,960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,280	241	640	Petition to revive - unintentional
142	1,280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(d)
126	180	126	180	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	For each additional invention to be examined (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$)**110.00******SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Susan Tall	Registration No. (Attorney/Agent)	52,272	Telephone	(650) 327-3400
Signature		Date	11/22/2002		

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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